



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2017**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**McLaren Health Plan Community**

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Cheryl M. Diehl (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.diehl@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

**OFFICERS**

Name	Title	
Nancy Jenkins	President	#
Kathy Kendall	Vice President	#
Dave Mazurkiewicz	Treasurer	
Deidra Wilson	Secretary	#
Cheryl Diehl	Assistant Treasurer	#
Kathleen Kudray, DO	Chief Medical Officer	
Carol Solomon	Assistant Secretary	#
Kevin Tompkins	Chairman	

**OTHERS**

Dennis LaForest, Enrollee Representative

**DIRECTORS OR TRUSTEES**

Nancy Jenkins #	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson #
Patrick Hayes	

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Kathy Kendall	(Signature) Carol Solomon	(Signature) Cheryl Diehl
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Vice President	Assistant Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	1,843	5,260	5,940	84,396	84,396	13,043
Group Subscribers:						
STATE OF MICHIGAN .....	777,897					777,897
LANDALL PACKAGING .....	68,587	1,701				70,288
LAPEER PLATING .....	55,173	0				55,173
DAVIS CARTAGE COMPANY .....	53,736					53,736
JD EMPLOYMENT .....	45,457	65				45,522
ETM ENTERPRISES .....	38,566					38,566
RL MORGAN .....	35,253					35,253
MARYGROVE COLLEGE .....	19,487					19,487
EVOLVE TELE-SERVICES .....	18,796					18,769
RIEGLE PRESS INC .....	15,418					15,418
CHOCOLA CLEANING .....	12,417					12,417
0299997 Subtotal - Group Subscribers: .....	1,140,786	1,766				1,142,525
0299998 Premiums due and unpaid not individually listed .....	81,435	8,487				89,923
0299999 TOTAL Group .....	1,222,221	10,253				1,232,447
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,224,064	15,513	5,940	84,396	84,396	1,245,490

**19 Exhibit 3 - Health Care Receivables . . . . . NONE**

**20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued . . . . . NONE**

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
COVENANT MEDICAL CEN .....	19,411					19,411
DMC CHILDRENS HOSPIT .....	118,319					118,319
HEDDURSHETTI .....	15,795					15,795
KENDALL MEDICAL CENT .....	203,152					203,152
THE TOLEDO HOSPITAL .....	26,142					26,142
WILLIAM BEAUMONT HOS .....	45,583					45,583
UNIVERSITY OF MICHIGAN MED .....	24,529					24,529
SOUTHEAST MICHIGAN SURGICAL .....	38,500					38,500
0199999 Total - Individually Listed Claims Unpaid .....	491,431					491,431
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	5,937,230	257,289	3,739	5,527	8,109	6,211,894
0499999 Subtotals .....	6,428,661	257,289	3,739	5,527	8,109	6,703,325
0599999 Unreported claims and other claim reserves .....						8,076,751
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						14,780,076
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						293,183

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTH PLAN .....	541,322					541,322	
MCLAREN HEALTH ADVANTAGE .....	18,739					18,739	
0199999 Total - Individually listed receivables .....	560,061					560,061	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	560,061					560,061	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
MCLAREN HEALTH PLAN .....	PROFESSIONAL SERVICES .....	705,164	705,164	
MCLAREN HEALTH ADVANTAGE .....	PROFESSIONAL SERVICES .....	331	331	
0199999 Total - Individually Listed Payables .....	X X X .....	705,494	705,494	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	705,494	705,494	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....	964,977	0.880				964,977
4. TOTAL Capitation Payments .....	964,977	0.880				964,977
Other Payments:						
5. Fee-for-service .....	5,524,409	5.038	X X X	X X X		5,524,409
6. Contractual fee payments .....	103,165,468	94.082	X X X	X X X	103,165,468	
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	108,689,876	99.120	X X X	X X X	103,165,468	5,524,409
13. TOTAL (Line 4 plus Line 12) .....	109,654,854	100.000	X X X	X X X	103,165,468	6,489,386

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS .....			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	27,073	2,031	25,042							
2. First Quarter	28,659	3,169	25,490							
3. Second Quarter	28,291	2,994	25,297							
4. Third Quarter	27,836	2,883	24,953							
5. Current Year	28,075	2,727	25,348							
6. Current Year Member Months	339,253	35,040	304,213							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	197,829	20,433	177,396							
8. Non-Physician	33,842	3,495	30,347							
9. TOTAL	231,671	23,928	207,743							
10. Hospital Patient Days Incurred	9,009	1,651	7,358							
11. Number of Inpatient Admissions	2,108	320	1,788							
12. Health Premiums Written (b)	121,473,623	15,596,916	105,876,707							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	121,473,623	15,596,916	105,876,707							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	109,654,854	14,550,490	95,104,363							
18. Amount Incurred for Provision of Health Care Services	111,100,645	14,936,989	96,163,656							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	27,073	2,031	25,042							
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(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999) .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....					.....	.....
0799999 Total - Life and Annuity - Affiliates .....					.....	.....
1199999 Total - Life and Annuity .....					.....	.....
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
11835 ....	04-1590940 ...	01/01/2017	PARTNERRE AMER INS CO .....	DE .....	668,657	.....
00000 ....	AA-9990032 ...	01/01/2017	US Dept of Hlth & Human Serv .....	DC .....	67,171	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					735,829	.....
2199999 Total - Accident and Health - Non-Affiliates .....					735,829	.....
2299999 Total - Accident and Health .....					735,829	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					735,829	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					735,829	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999	Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
0799999	Total - General Account - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO .....	DE .....	SSL/L/I .....	SLEL .....	2,029,026	.....	.....	.....	.....	.....	.....
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates .....						2,029,026	.....	.....	.....	.....	.....	.....
1099999	Total - General Account - Authorized - Non-Affiliates .....						2,029,026	.....	.....	.....	.....	.....	.....
1199999	Total - General Account Authorized .....						2,029,026	.....	.....	.....	.....	.....	.....
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1899999	Total - General Account - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
2299999	Total - General Account - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2999999	Total - General Account - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
3399999	Total - General Account - Certified .....						.....	.....	.....	.....	.....	.....	.....
3499999	Total - General Account - Authorized, Unauthorized and Certified .....						2,029,026	.....	.....	.....	.....	.....	.....
3799999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4199999	Total - Separate Accounts - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
4599999	Total - Separate Accounts - Authorized .....						.....	.....	.....	.....	.....	.....	.....
4899999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5299999	Total - Separate Accounts - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5599999	Total - Separate Accounts - Unauthorized - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5699999	Total - Separate Accounts - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6399999	Total - Separate Accounts - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6699999	Total - Separate Accounts - Certified - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6799999	Total - Separate Accounts - Certified .....						.....	.....	.....	.....	.....	.....	.....
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....						2,029,026	.....	.....	.....	.....	.....	.....
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....						.....	.....	.....	.....	.....	.....	.....
9999999	Total (Sum of 3499999 and 6899999) .....						2,029,026	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....	2,029	1,285			
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	736	307			
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	31,716,848		31,716,848
2. Accident and health premiums due and unpaid (Line 15) .....	1,245,490		1,245,490
3. Amounts recoverable from reinsurers (Line 16.1) .....	735,829		735,829
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	1,958,810		1,958,810
6. TOTAL Assets (Line 28) .....	35,656,977		35,656,977
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	14,780,076		14,780,076
8. Accrued medical incentive pool and bonus payments (Line 2) .....	293,183		293,183
9. Premiums received in advance (Line 8) .....	2,341,366		2,341,366
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	3,690,031		3,690,031
15. TOTAL Liabilities (Line 24) .....	21,104,656		21,104,656
16. TOTAL Capital and Surplus (Line 33) .....	14,552,320	X X X	14,552,320
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	35,656,977		35,656,977
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			



SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts	6  Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.1		00000	38-2689033				Lapeer Regional Medical Center DBA						McLaren Health Care		
		00000	38-2689603				McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
							McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA			McLaren Health Care		
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA						McLaren Health Care		
							McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA			McLaren Health Care		
										McLaren Homecare Group	Ownership	100.0	Corporation	N	
	4700	McLaren Health Plan	95562	38-3252216			McLaren Health Plan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
	4700	McLaren Health Plan	14217	27-2204037			McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
	4700	McLaren Health Plan	00000	91-2141720			Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care	N	
													Corporation		

Asterisk	Explanation
0000001	

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	10,776,226	.....	.....	.....	10,776,226	.....
95848 ..	38-3383640 ..	MCLAREN HEALTH PLAN .....	.....	.....	.....	.....	5,439,323	.....	.....	.....	5,439,323	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	18,966	.....	.....	.....	18,966	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(10,907,238)	.....	.....	.....	(10,907,238)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	(5,327,277)	.....	.....	.....	(5,327,277)	.....
9999999 Control Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation: 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Yes
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
  - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
  - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No

- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

14217201736000000 2017 Document Code: 360

Health Life Supplement

14217201720500000 2017 Document Code: 205

Schedule SIS

14217201742000000 2017 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

14217201737100000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

14217201737000000 2017 Document Code: 370

Medicare Part D Coverage Supplement

14217201736500000 2017 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

14217201722400000 2017 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

14217201722500000 2017 Document Code: 225

Approval for Relief related to Require. for Audit Committees

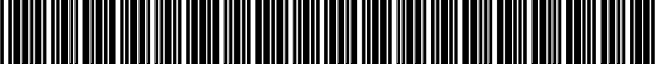
14217201722600000 2017 Document Code: 226

LTC Supplemental Interrogatories

14217201730600000 2017 Document Code: 306

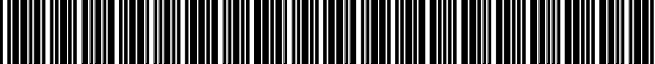
SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



14217201721100000                      2017                      Document Code: 211

Supplemental Health Care Exhibit



14217201721600000                      2017                      Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



14217201721700000                      2017                      Document Code: 217

Management's Report of Internal Control over Financial Reporting



14217201722300000                      2017                      Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Professional Development .....	45	192	673		910
2505.	Bad Debt Expense .....	4,565	19,459	68,376		92,400
2506.	Repairs .....	114	486	1,707		2,307
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	4,724	20,137	70,757		95,617

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